

# **The U.S. Department of Education**

Rehabilitation Services Administration (RSA)

**Annual Reporting Form**

For

American Indian Vocational Rehabilitation Services (AIVRS) Grant Program

OMB Number: 1820-0655

Expiration Date: 4/30/05

PR/Federal Award Number:

(Type in your federal grant number exactly as it appears on your award contract.)

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According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is 1820-0655. The time required to complete this form is estimated to average 16 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collected. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to the U.S. Department of Education, Washington, DC, 20202-4651. If you have comments or concerns regarding the status of your individual submission of this form, write directly to the Office of the Chief Financial Officer, U.S. Department of Education, 600 Independence Avenue, SW, Washington, DC, 20202-4248.

**PURPOSE OF THE REPORT:** The completion of this report satisfies the Annual Reporting requirements under 34 CFR 75.118 and 80.40(b)(2)(i-iii) for determining whether your grant has made substantial progress for continuation of the award. RSA will also use the reported information to prepare the Annual Report to Congress and other documents related to administering the AIVRS program.



# Table of Contents

Section	Page
General Information .....	1
1. Reporting Period .....	6
2. Budget and Narrative.....	7
3. Project Goals.....	9
4. Project Objectives .....	10
5. Consumers Served.....	15
6. VR Services .....	18
7. Special Efforts (optional) .....	20
8. Performance Indicators .....	22
9. Outcomes.....	25
10. Interaction with State VR Agency .....	27
11. Evaluation .....	29
12. Consumer Satisfaction .....	31
13. Success Story (optional).....	32
14. Comments (optional) .....	33

## General Information

\* Required fields

\*Grantee Name:

\*Grantee Address:

\*City:

\*State:

\*Zip:

\*Grant Start Date:

\*Grant End Date:

\*Project Title:

Host Institution with  
Fiscal Responsibility  
for the Grant:

\*Project Director:

\*Telephone:

\*E-mail:  
(If no e-mail enter N/A)

Grantee URL  
(if applicable):

Grantee/Project  
E-mail (if applicable):

Grantee 800 Number  
(if applicable):

**Person responsible for completing this form (if other than the project director/principal investigator):**

Name:

Title:

Telephone:

Fax:

\*E-mail:

**Authorized representative:**

\*Name:

\*Title:

\*Signature:

\*Date:

Note: After completing this section, please print this General Information section, have it signed by the authorized representative, and mail the printed copy with the original signature of the authorized representative, to:

Mr. Joe Garrett  
U.S. Department of Education  
Grants and Contracts Services Team  
330 C St. SW, Room 3317, Switzer Bldg.  
Washington, DC 20202-2550

Current Reporting Period :

## 1. Reporting Period

Grantees who are in the first year of a newly awarded 5-year grant will need to complete a preliminary annual report on activities conducted from October 1 through March 31, to support the continuation awards to be made for the second year of the grant. The preliminary report is due by May 15. At the end of the first year, grantees will update the preliminary report to produce an annual report covering October 1 through September 30, with a due date of November 15.

For each year in the 2<sup>nd</sup> – 4<sup>th</sup> years of the project, the grantee will complete an annual report covering the period October 1 through September 30, with a due date of November 15. For grantees in the 5<sup>th</sup> project year, the annual report will also be the Final Report, unless the grantee is requesting a no-cost extension (NCE). If the grantee is awarded a NCE, then an additional report, covering the time period of the NCE will become the Final Report, and will be due 90 days after the end of the NCE.

Note: For those using the web based system, this information is indicated in the boxes below. Those using the Word system will be instructed to enter the information.

### Current Reporting Period

(Dates this Annual Reporting Form covers)

From:

(mm/dd/yyyy)

To:

(mm/dd/yyyy)

All information requested for this report should be based on your project activities for the reporting period indicated above. This time frame is also referred to in this document as "the current reporting period" and appears at the top of each section.

Current Reporting Period:

## 2. Budget and Narrative

1. Indicate the grant amount awarded to you by RSA for the current reporting period (the reporting period indicated in Section 1).

\$

2. Were you on an Order of Selection at any time during the current reporting period?

☐

Yes

☐

No

- 3a. Did your grant start the current reporting period with any carry-over funds? If no, skip to Question 3c.

☐

Yes

☐

No

- 3b. If yes, report the dollar amount of carry-over funds with which your grant started the current reporting period. (Round to the nearest dollar.)

\$

- 3c. Do you have carry-over funds at the end of the current reporting period? If no, skip to Question 4a.

☐

Yes

☐

No

☐

N/A

- 3d. If yes, report the dollar amount of carry-over funds at the end of the current reporting period. Note: If the amount of carry-over funds is not yet available from your accounting office, estimate the carry-over funds from your project's in-house accounting records.

\$

- 3e. Use this space to explain why you have carry-over funds and the reason for not expending funds at the rate expected.

- 4a. Indicate any program income generated for the current reporting period.

\$

- 4b. Indicate your match contribution for the current reporting period.

\$

4c. Indicate the percent of match.

Note: For those using the web based system, the system will calculate the match and the percent will automatically appear. For the Word-based system, responders will be instructed to please calculate the percent of match using the formula in the Instruction Manual.

4d. If this amount does not meet or exceed the 10% program match requirement, did you receive a waiver for the match?

YES

N  
O

4e. List the source(s) of any other funding in support of your AIVRS grant that you received during the current reporting period.

4f. Indicate the total amount of funding from the other source(s) identified in 4e.

\$

5a. During the current reporting period, did your grant make changes to its budget due to programmatic changes? Examples of programmatic changes under CFR 34 80.30 (d)(1)-(3) includes revision of the scope or objectives of the project and changes in key personnel.

☐

Yes

☐

No

5b. Was the modification(s) approved by RSA?

5c. If the answer no, use this space to describe the modification(s) and the resulting budget changes.

Current Reporting Period:

### 3. Project Goals

The RSA selection criteria for your application included consideration of the goals, objectives, and outcomes to be achieved by your project.

The number of goals you enter should equal the number of goals you specified in your grant application plus any others added, with RSA approval, after receipt of your award.

**How many goals for the current reporting period does your project have?**

In the next section, you will be asked specific information about the objectives associated with each goal.

Note: For those using the web based system, the system will automatically pull up the number of forms for reporting on objectives that corresponds with the number of goals reported. For those using the Word system, please copy the following section to report on each goal & objective.

Current Reporting Period:

## 4. Project Objectives

In this section, please list your project's goals and objectives.

Complete one goal chart for **each** of the goals you counted in the previous section. For example, if you reported that your project has eight goals, please fill out eight charts, one each for goal #1 through #8.

Next, list the objectives for each goal (limit 10 objectives per goal). Include all objectives from your grant application and any others added after receipt of your award. **An objective is a primary means or activity conducted to achieve a goal.** (See goal chart example below.) If an objective is ongoing for the entire grant period, the expected date of completion will be the last day of the award. To enter the status of an objective, select the appropriate status option from the drop-down menu provided. This version of the reporting form includes ten blank goal charts. If you have more than ten goals, please use the supplemental goal pages that were sent as an attachment with this form.

Finally, for each goal, indicate if the goal was (a) met, (b) changed with RSA's prior approval, and (c) exceeded. Please explain in the space provided.

### Goal Chart EXAMPLE:

Goal #1:	Develop and implement an education and outreach program		Expected Date of Completion		Status of Objective for Current Year
Objectives of Goal #1			Month (mm)	Year (yyyy)	Status Options: Not Started, On Schedule, Ahead of Schedule, Behind Schedule, Completed, Dropped
1.	Market the VR program activities by promoting the available resources using media resources		10	2003	Completed
2.	[Objective 2 text]		[mm]	[yyyy]	[Objective 2 status]
G1. Was Goal #1...		G1a. Met? <input type="checkbox"/> Yes <input type="checkbox"/> No Explain in box 'a' below.	G1b. Changed with RSA's prior approval? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A If no, explain in box 'b' below.		G1c. Exceeded Goal <input type="checkbox"/> Yes <input type="checkbox"/> No If you exceeded your goal, describe in box 'c' below.
a. Describe the activities for meeting this goal or reasons why the goal was not met.					
b. If the goal was changed without RSA approval, explain here. [Explanation for changing goal.]					

c. Please describe the activities that allowed you to exceed this goal.

[EXAMPLE: The original objective was to provide 100 outreach activities during the current reporting period, but because of the excellent involvement of our advisory committee, 163 outreach activities were completed. This increased both the number of applicants to the program and employer involvement.]

Goal #1:		Expected Date of Completion		Status of Objective for Current Year
Objectives of Goal #1		Month (mm)	Year (yyyy)	Status Options: Not Started, On Schedule, Ahead of Schedule, Behind Schedule, Completed, Dropped
1.				(Select One.)
2.				(Select One.)
3.				(Select One.)
4.				(Select One.)
5.				(Select One.)
6.				(Select One.)
7.				(Select One.)
8.				(Select One.)
9.				(Select One.)
10.				(Select One.)
G1. Was Goal #1...	G1a. Met? <input type="checkbox"/> Yes <input type="checkbox"/> No Explain in box 'a' below.	G1b. Changed with RSA's prior approval? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A If no, explain in box 'b' below.		G1c. Exceeded Goal <input type="checkbox"/> Yes <input type="checkbox"/> No If you exceeded your goal, describe in box 'c' below.
a. Describe the activities for meeting this goal or reasons why the goal was not met.				

b. If the goal was changed without RSA approval, explain here.

c. Please describe the activities that allowed you to exceed this goal.

Goal #2:		Expected Date of Completion		Status of Objective for Current Year
Objectives of Goal #1		Month (mm)	Year (yyyy)	Status Options: Not Started, On Schedule, Ahead of Schedule, Behind Schedule, Completed, Dropped
1.				(Select One.)
2.				(Select One.)
3.				(Select One.)
4.				(Select One.)
5.				(Select One.)
6.				(Select One.)
7.				(Select One.)
8.				(Select One.)
9.				(Select One.)
10.				(Select One.)

<b>G2.</b> Was Goal #1...	<b>G2a. Met?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No Explain in box 'a' below.	<b>G2b. Changed with RSA's prior approval?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A If no, explain in box 'b' below.	<b>G2c. Exceeded Goal</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If you exceeded your goal, describe in box 'c' below.
<b>a.</b> Describe the activities for meeting this goal or reasons why the goal was not met.			
<b>b.</b> If the goal was changed without RSA approval, explain here.			
<b>c.</b> Please describe the activities that allowed you to exceed this goal.			

Current Reporting Period:

## 5. Substantial Progress Towards Serving American Indians with Disabilities.

### A. Overview

1. In the boxes below, based on your original application and abstract, indicate the total number of individuals proposed to receive services under an IPE for each grant year. Indicate the actual numbers of individuals who received services for the current reporting period and any prior grant years. If the abstract or grant application do not indicate the number to receive services, then mark the "Not Applicable" box.

Grant Year	# Proposed to Serve	# Actually Served	Not Applicable
1 <sup>st</sup> Year			
2 <sup>nd</sup> Year			
3 <sup>rd</sup> Year			
4 <sup>th</sup> Year			
5 <sup>th</sup> Year			

2. Employment outcome means, with respect to an individual, entering or retaining full-time or, if appropriate, part-time competitive employment, in the integrated labor market to the greatest extent practicable; supported employment; self-employment, telecommuting, or business ownership; or any other type of employment, that is consistent with an individual's strengths, resources, priorities, concerns, abilities, capabilities, interests, and informed choice for a minimum of 90 days.

In the boxes below, indicate the total number of individuals that you proposed to obtain an employment outcome, based on your grant abstract or application, and the actual number who obtained an employment outcome. Enter these numbers on the appropriate line that corresponds to your **current** reporting period and any prior grant years. If you did not propose a total number of individuals obtaining an employment outcome, indicate in the "Not Applicable" box.

Grant Year	# Proposed to Obtain An Employment Outcome	# Of Individuals Who Actually Obtained An Employment Outcome	Not Applicable

1 <sup>st</sup> Year			
2 <sup>nd</sup> Year			
3 <sup>rd</sup> Year			
4 <sup>th</sup> Year			
5 <sup>th</sup> Year			

**B.** In this section, please report details on individuals who were served under your grant.

1. Indicate the total number of individuals you **proposed** to serve under an Individualized Plan for Employment (IPE) during the current reporting period.

2a. Indicate the **actual** number of eligible individuals who received services under an IPE during the current reporting period.

Of the actual number of eligible individuals who received services under an IPE during the current reporting period.

2b. Indicate the number of individuals who received services under an IPE **developed** in a **prior** reporting period.

2c. Indicate the number of individuals who received services under an IPE **developed** during **this** reporting period.

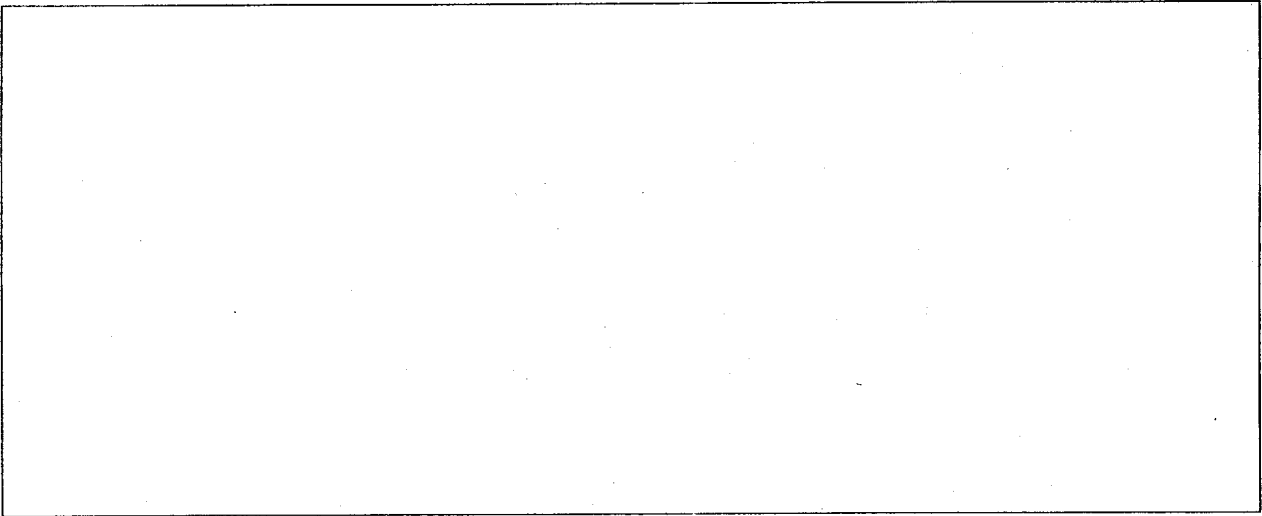
*Note: The sum of 2b plus 2c should equal 2a.*

3. Indicate the number of eligible individuals proposed to receive services under an IPE in the **next** reporting period.

4. Of the total number of individuals proposed to receive services under an IPE, what percent actually received services under an IPE?

Note: For those using the web based system, the percent will be automatically calculated. Those using the Word system will be instructed to please compute this figure by dividing the number in Question 2a by the number in Question 1.

5. In this current reporting period, if you did not meet the proposed goal for the number of individuals served under an IPE in this current reporting period, please explain below.



1

Current Reporting Period:

## 6. VR Services

Indicate the vocational rehabilitation (VR) services provided to American Indians with disabilities during the current reporting period. "Services provided" means the service was provided by project staff, purchased with any type of project funds, or procured from another source, such as comparable benefits. Check "Yes" in the first set of columns if, during the current reporting period, the listed service was provided. If the service was not provided during the current reporting period, check "No." If the service was provided, check "Yes" or "No" in the second set of columns to indicate whether the service was paid for in part or in full with federal AIVRS funds.

VR Service	Services provided during current reporting period?		If Yes, was service paid for in part or full with federal AIVRS funds?	
1. Assessment for determining eligibility and VR needs	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Counseling and guidance	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Referral and other services to secure needed services	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Job-related services, including job search and placement services, job retention services, follow-up services, and follow-along services	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Vocational and other training services, including personal and vocational adjustment training services	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Book, tools, and other training materials	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. Diagnosis and treatment of physical and mental impairments as included in Section 103 (a)(6)(A-F) of the Rehabilitation Act	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. Maintenance	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

- |  |                              |                             |                              |                             |
|--|------------------------------|-----------------------------|------------------------------|-----------------------------|
| 9. Transportation  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 10. On-the-job or other related personal assistance services provided while an individual is receiving other services.   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 11. Interpreter and reader services  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 12. Rehabilitation teaching services and orientation and mobility services for individuals who are blind   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 13. Occupational licenses, tools, equipment, and initial stocks and supplies   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 14. Technical assistance and other services to conduct market analyses, develop business plans, and other services to eligible individuals who are pursuing self-employment or telecommuting or establishing a small business operation as an employment outcome | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 15. Rehabilitation technology, including telecommunications, sensory, and other technological aids and devices   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 16. Transition services for students with disabilities that facilitate the achievement of the employment outcome identified in the IPE   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 17. Supported employment services  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 18. Services to the family of an individual with a disability necessary to assist the individual to achieve an employment outcome  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 19. Specific post-employment services necessary to assist an individual with a disability to retain, regain, or  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

advance in employment

20. Services traditionally used by Indian tribes, including native healing ☐ Yes ☐ No ☐ Yes ☐ No
- 21a. Other service(s) determined necessary for achievement of an employment outcome ☐ Yes ☐ No ☐ Yes ☐ No

21b. If yes, list other service(s).

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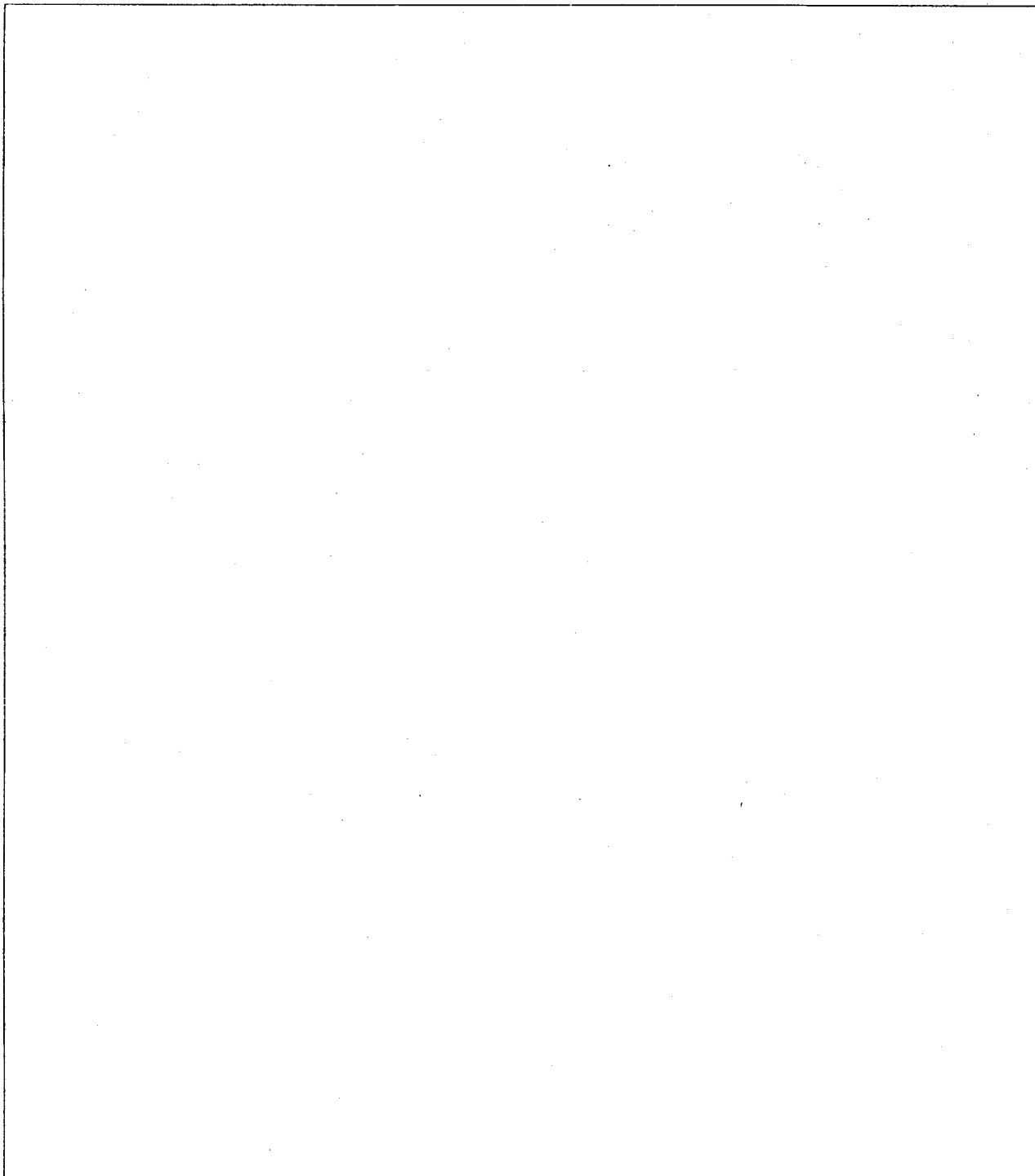
Current Reporting Period:

## 7. Special Efforts (Optional)

Describe below any exceptional efforts or special arrangements made by your project staff to otherwise procure or provide services to meet the unique needs of individuals served by the project.

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Current Reporting Period:

## 8. Performance Indicators

Data in this section address the Government Performance and Results Act (GPRA) program indicators for the American Indian Vocational Rehabilitation Services Program and common measures established by the Office of Management and Budget (OMB) for all federal Employment and Training Programs.

31 programs across the government (Labor, Veteran Affairs and others) are participating in this Job Training Common Measures Initiative. For adult programs, the four common measures are: entered employment, retention in employment, earnings increase, and program efficiency. For most of these measures, the data will be derived from State Unemployment Insurance wage records. The participating agencies are still working on common measures to capture these data for reporting by FY2005. The information requested in this section will help RSA evaluate the performance of AIVRS programs. But, in the future, they may need be supplemented or revised to meet the Common Measures Initiative goals.

Goal: To improve employment outcomes of American Indians with disabilities who live on reservations by providing effective tribal VR services.

Objective: To ensure that eligible American Indians with disabilities receive VR services and achieve employment outcomes consistent with their unique strengths, resources, abilities, capabilities, and interests.

### Definitions:

#### Earnings:

The amount of money earned in a typical week, including cash earnings and profits derived by self-employed individuals. In certain cases, earnings may be based on payment of commissions and reimbursement of business expenses that may or may not occur on a regular or weekly basis. In these cases, calculate the weekly average income over a representative time period, such as one month.

Employment Outcomes: Employment Outcome means, with respect to an individual, entering or retaining full-time or, if appropriate, part-time competitive employment, in the integrated labor market to the greatest extent practicable; supported employment; self-employment, telecommuting, or business ownership; or any other type of employment, that is consistent with an individual's strengths, resources, priorities, concerns, abilities, capabilities, interests, and informed choice, for a minimum of 90 days.

#### Exiting the AIVRS Program:

Exiting the AIVRS program means that the AIVRS project has closed the individual's record of VR services.

Please type in the appropriate number for each indicator.

1. Total number of eligible individuals enrolled in a two-year post-secondary education program during the current reporting period.

2. Total number of eligible individuals enrolled in a four-year post-secondary education program during the current reporting period.

3. Total number of eligible individuals enrolled in a training program during the current reporting period (includes certificate programs – typically one year programs that do not involve any academic course work)

4. Number of eligible individuals who received any VR services under an IPE during the current reporting period. The VR services are described in Section 103 of the Rehabilitation Act.

5a. Number of eligible individuals who exited the AIVRS program after achieving an employment outcome ("Status 26") during the current reporting period.

5b. Of the individuals reported in 5a, the number of individuals whose employment outcomes resulted in earnings.

5c. Indicate the average weekly earnings of the total number of individuals whose employment outcomes resulted in earnings (the group specified in Item 5b).

5d. Of the individuals reported in Item 5a, [number of eligible individuals who exited the AIVRS program after achieving an employment outcome ("Status 26") during the current reporting period, specify the number of individuals who had earnings at the time of their **entry** into the AIVRS program.

5e. Of the number specified in item 5d, indicate the average weekly earnings at entry into the AIVRS program.

5f. Of the number specified in 5d, indicate the average weekly earnings at the time of exit from the program.

6. Number of eligible individuals who exited the AIVRS program during the current reporting period after receiving services under an IPE and who did not achieve an employment outcome during the current reporting period ("Status 28")

7. Of those eligible individuals who had received services under an IPE in any year and who exited the AIVRS program during the current reporting period, give the percent achieving an employment outcome.

Note: For those using the web based system, the system will calculate the percent for item #7 and it will automatically appear. For those using the Word system, respondents will be instructed to calculate this number by dividing the number in Question 5a by the sum of Questions 5a and 6.

Current Reporting Period:

## 9. Educational and Employment Outcomes

Provide the following data on the employment outcomes (Part A) and educational outcomes (Part B) of your project for the current reporting period.

Does your project have employment data for individuals who entered or retained employment for at least 90 days?

☐ Yes ☐ No

If yes, please complete part A below.

If no, please explain in the box below why you do not have these data, and complete part B.

### Employment Outcomes- Instructions

Employment outcome means an individual, who, for at least 90 days --

- a. entered or retained full-time employment in the integrated labor market;
- b. entered or retained part-time employment in the integrated labor market;
- c. satisfied a vocational outcome of supported employment; or
- d. satisfied a vocational outcome of self-employment, telecommuting, or business ownership; or
- e. had another type of employment (e.g., subsistence activities, unpaid work on a family farm or business, employment in a nonintegrated site, or for less than minimum wage).

An individual who maintained more than one employment placement during the current reporting period should be counted only once, using the final placement for reporting purposes. If the answer is none, enter a "0" in the box.

	<u>Number of Individuals</u>
1. Employed full-time in the integrated labor market (32 or more hours per week)	<input type="text"/>
2. Employed part-time in the integrated labor market (31 or fewer hours per week)	<input type="text"/>
3. Satisfied a vocational outcome of supported employment	<input type="text"/>
4. Satisfied a vocational outcome of self-employment,	<input type="text"/>
	<input type="text"/>

telecommuting, or business ownership

5. Employed in any other type of employment (e.g., subsistence activities, unpaid work on a family farm or business, employment in a nonintegrated site, or for less than minimum wage)

6. Total achieving an employment outcome (total of 1-5)

Note: The web based system will automatically calculate the response for Item #6. Respondents using the Word system will be instructed to add the numbers in Items 1-5 and enter the total in box 6.

## B. Educational Outcomes

### Number of persons who achieved an Intermediate Educational Goal :

For the purpose of increasing skills needed for employment, specify the number of people who achieved each of the following during the current reporting period:

1. obtained a GED

2. obtained a post-secondary degree

3. obtained a post-secondary certificate

4. completed on-the-job-training/apprenticeship

5. completed any other job-related training.

Describe: \_\_\_\_\_

6. Total achieving an intermediate educational goal (total of 1-5):

Note: The web based system will automatically calculate the response for Item #6. Respondents using the Word system will be instructed to add the numbers in Items 1-5 and enter the total in box 6.

## 10. Interaction with State VR Agency(ies)

- A. List the state VR agency(ies) you interacted with during the current reporting period in boxes Agency 1 through Agency 4 below, as appropriate. For each agency listed, describe or give examples of your interactions and concerns or issues and fill out the satisfaction rating scale.. Examples of interactions might include *training/cross training; serving on the State Rehabilitation Council; working jointly with the same individual; referrals; or having a VR representative on the project Advisory Board.* Examples of concerns or issues might include *lack of a cooperative agreement or non-representation on the State Council.* If no concerns exist, enter "None". For the rating scale, rate your overall satisfaction with your interactions with the agency, taking into consideration all of your interactions.

The information provided in this section is for use by your project officer and is confidential.

Agency Name	Discussion
Agency 1:	
Types of Interactions:	
Concerns/Issues with Collaboration or Service Provision	
Rate your level of satisfaction with your interactions with the this agency using the following 1 to 5 scale.	
<div style="display: flex; justify-content: space-around; text-align: center;"> <div>1 Very Dissatisfied</div> <div>2 Somewhat Dissatisfied</div> <div>3 Neutral</div> <div>4 Somewhat Satisfied</div> <div>5 Very Satisfied</div> </div>	
Agency 2:	
Types of Interactions:	
Concerns/Issues with Collaboration or Service Provision	
Rate your level of satisfaction with your interactions with the agency on the following 1 to 5 scale.	
<div style="display: flex; justify-content: space-around; text-align: center;"> <div>1 Very Dissatisfied</div> <div>2 Somewhat Dissatisfied</div> <div>3 Neutral</div> <div>4 Somewhat Satisfied</div> <div>5 Very Satisfied</div> </div>	
Agency 3:	
Types of Interactions:	
Concerns/Issues with Collaboration or Service Provision	

<p>Rate your level of satisfaction with your interactions with the agency on the following 1 to 5 scale.</p> <p> 1  <b>Very</b>  <b>Dissatisfied</b> </p> <p> 2  <b>Somewhat</b>  <b>Dissatisfied</b> </p> <p> 3  <b>Neutral</b> </p> <p> 4  <b>Somewhat</b>  <b>Satisfied</b> </p> <p> 5  <b>Very</b>  <b>Satisfied</b> </p>	
Agency 3:	
Types of Interactions:	
Concerns/Issues with Collaboration or Service Provision	
<p>Rate your level of satisfaction with your interactions with the agency on the following 1 to 5 scale.</p> <p> 1  <b>Very</b>  <b>Dissatisfied</b> </p> <p> 2  <b>Somewhat</b>  <b>Dissatisfied</b> </p> <p> 3  <b>Neutral</b> </p> <p> 4  <b>Somewhat</b>  <b>Satisfied</b> </p> <p> 5  <b>Very</b>  <b>Satisfied</b> </p>	

## 11. Evaluation

- A. Briefly describe your self-evaluation efforts and the results of those efforts for the current reporting period.  
**Include, at a minimum, the specific evaluations described in your application.**
- B. Briefly describe any other independent evaluation effort and results for the current reporting period. (If none were conducted, enter "none.")

C. Please list any future evaluation plans, if applicable. (If none planned, enter "none.")

D. Please describe the **most effective activities and services** you provided in meeting your project goals and tell why they are effective. Examples might include developing new approaches for service provision, *native healing, advisory board activities, outreach, collaboration with a particular state rehabilitation counselor or administrator, or being involved with the one-stop program.*

**Current Reporting Period:**

## **12. Consumer Satisfaction**

This section refers to activities conducted for the purpose of determining consumer satisfaction with project services.

1. Did you say in your application that you would conduct consumer satisfaction activities during the current reporting period? ☐ Yes ☐ No

2. Did you conduct any consumer satisfaction activities during the current reporting period? ☐ Yes ☐ No

If yes, describe in the box below the type(s) of consumer activities your project conducted during the current reporting period.

If no, but the application stated that consumer satisfaction evaluations would be conducted in the current reporting period, explain in the box why the activities were not conducted.

If no, and the application does not include customer satisfaction activities, enter Not Applicable in the box below.

Current Reporting Period:

### **13. Success Story(ies) (OPTIONAL)**

Tell us about your most impressive success(es) for the current reporting period.

Current Reporting Period:

## **14. Comments (OPTIONAL)**

Add comments or clarifications regarding any items within this survey, indicating the appropriate section and question number(s). If you are going to send additional materials to RSA to accompany your signed General Information Section, use this section to indicate what types of materials (copies of curricula, brochures, manuals, etc.) that you will be sending.

## **APPENDIX B**

### **Instruction Manual Annual Reporting Form – Microsoft Word Version**

#### **For American Indian Vocational Services Program**

**Rehabilitation Services Administration (RSA)**

**Instruction Manual  
Annual Reporting Form—Microsoft Word Version**

**For  
American Indian Vocational Rehabilitation Services (AIVRS) Program**

## **Step-by-Step Instructions for Completing the AIVRS Annual Reporting Form—Microsoft Word Version**

This manual provides step-by-step instructions on how to navigate through this electronic form and instructions on how to complete each section.

### **General Instructions**

- To enter data in a response box, use the TAB key or click with your mouse in the shadowed area and then begin typing your answer.
- To edit text in a response box while typing, use the BACKSPACE key, the DELETE key, or the LEFT/RIGHT ARROW keys on the keyboard.
- To edit data after moving to another response box, use the mouse to point and click in the response box you wish to edit and then type the new information.
- To choose an answer for a “Yes/No” question, you can either tab over to the correct response and then type an “X” in the box or use the mouse to click in the correct box and an “X” will automatically appear.
- To change your answer for a “Yes/No” question, use the mouse to point and click in the box with the “X” to delete it. Use the mouse to then point and click in the correct response box.
- To move from one item to another on a page, use the TAB key or point the mouse to an item and click on it.

FedEx any attachments you would like to include with your form to the attention of your designated Education Program Contact listed in box 3 of your Grant Award Notification. Mail these items to:

**U.S. Department of Education  
Rehabilitation Services Administration  
550 12<sup>th</sup> Street S.W. Room 5076  
Washington, DC 20004-2800**

## **Cover Page**

Enter your federal grant number exactly as it appears on your award document. Include capital letters only where appropriate and do not put any spaces between letters and numbers (e.g., H250123456).

## **Table of Contents Page**

All sections of the form and their corresponding page numbers are listed in the Table of Contents.

## **General Information Section**

In this section, you will enter basic descriptive and contact information for your project. All items marked with an asterisk are required fields.

- Grantee Name and Grantee Address – Enter your grantee name and full mailing address.
- Grant Start Date and Grant End Date – Enter the grant start and end dates.
- Project Title – Enter the title of your project.
- Host Institution with Fiscal Responsibility for the Grant – Enter the name of the institution that has financial responsibility for the grant.
- Project Director – Enter the project director's name, telephone number, and E-mail address.
- Grantee URL – Enter your project's Internet web site address, if applicable.
- Grantee/Project E-mail – Enter the E-mail address for the person to whom all correspondence on the grant may be sent, if applicable.
- Grantee 800 Number – Enter your project's 800-telephone number, if applicable.
- Person responsible for completing this form (if other than the project director/principal investigator) Enter the name, title, telephone number, fax number, and E-mail address for the person who has primary responsibility for completing the reporting form, if that person is different from the Project Director or Principal Investigator.

- Authorized representative - Enter the name and title of the authorized representative (e.g., any other person who is authorized to fill out this form).
- Once the general information page is complete, print the entire General Information section and mail it, including the **original** signature of the authorized representative, to your Education Program Contact at:

**U.S. Department of Education  
Rehabilitation Services Administration  
550 12<sup>th</sup> Street S.W. Room 5076  
Washington, DC 20004-2800**

### **Section 1 - Reporting Period**

In this section, you will give the dates that this Annual Reporting Form covers. The reporting period for the first year of a project is October 1 through March 31, with a due date of May 15, 2005. For all projects in the 2<sup>nd</sup>-5<sup>th</sup> years of the award, the reporting period will be October 1 through September 30, with a due date of November 15. A grant end report will be required in addition to the fifth year Annual Reporting Form.

Enter the dates this Annual Reporting Form covers in the "From" and "To" boxes, using two digits each for the month and day and four digits for the year. **For example**, if the report covers the period from October 1, 2004, to September 30, 2005, enter "10/01/2004" in the "From" box and "09/30/2005" in the "To" box.

### **Section 2 - Budget and Narrative**

In this section, you will give the following information about your project's budget.

- Item 1.** Enter the amount of money you received from RSA to operate your grant for the current reporting period. If you are submitting a six-month report, enter the grant amount awarded for the entire fiscal year. Do **not** include carry-over funds.
- Item 2.** Check either the "Yes" or "No" box to indicate whether your grant is on an Order of Selection. An Order of Selection consists of priority categories that determine the order in which eligible American Indians with disabilities are provided services, in the event that an AIVRS project does not have sufficient fiscal or personnel resources to provide services to all eligible American Indians with disabilities who apply. Eligible individuals are assigned to priority categories based on the significance of their disability and American Indians with the most significant disabilities are placed in the highest priority category.

- Item 3a.** Check either the “Yes” or “No” box to indicate whether your grant **started** the current reporting period with any carry-over funds. If you answer “No”, skip to Question 3c.
- Item 3b.** Enter the dollar amount that was unused in the last fiscal year and was carried over to this fiscal year. Round to the nearest dollar.
- Item 3c.** Check either the “Yes” or “No” box to indicate whether your grant has carry-over funds for the **current** reporting period. Check the “N/A” box if this is not applicable. **You may only check the “N/A” box if you are reporting for a six-month period.** If you answer “N/A”, skip to Question 4a.
- Item 3d.** Enter the dollar amount you will carry over to the **next** fiscal year. Round to the nearest dollar. If the amount of carry-over funds is not yet available from your accounting office, estimate the carry-over funds from your project’s in-house accounting records.
- Item 3e.** Provide a narrative explanation of why you have carry over funds and/or are not expending funds at the rate expected.
- Item 4a.** Enter the dollar amount that represents the program income your project generated for the current reporting period. Round to the nearest dollar.
- Item 4b.** Enter the dollar amount of your project’s match contribution. Do not include amounts already entered in question 4a in this total. Round to the nearest dollar.
- Item 4c.** Check either the “Yes” or “No” box to indicate whether your match contribution exceeds the 10% program match requirement.
- Item 4d.** Enter the source of any other funding you received to support your AIVRS grant.
- Item 4e.** Enter the dollar amount your project received from the “other” funding source listed in 4d. Round to the nearest dollar.
- Item 5a.** Check either the “Yes” or “No” box to indicate whether your grant had significant changes to its budget due to a change in the scope of the project.
- Item 5b.** Provide a narrative explanation of the significant changes made to your budget resulting from approved modifications to the scope of the project.

### **Section 3 - Project Goals**

Enter the number of goals your project has. The number of goals you enter should equal the number of goals you specified in your grant application plus any others added, with RSA approval, after receipt of your award. A goal may also be described as the project’s overall plan.

## Section 4 - Project Objectives

In this section, you will list your project's goals and objectives.

- An objective may also be described as a step or activity performed to achieve your goal/overall plan.
- You will complete one goal chart for EACH of the goals you reported in Section 3. **For example**, if you reported (in Section 3) that your project has eight goals, you will fill out a chart for each goal, #1 through #8. This version of the reporting form includes ten blank goal charts. If you have more than ten goals, use the supplemental goal pages that were sent as an attachment with this form. **For the first year this reporting system is used, you will list all the goals outlined in your grant application. You will also list any new goals added after receipt of your award.**
- The goal chart contains numbered spaces for you to list up to ten objectives for each goal. **Include all objectives from your grant application and any others added after receipt of your award.** Note that during this first year of data collection, we are asking you to list goals and objectives for ALL years your project has received funding up to the current reporting period.
- Enter the expected date (month and year) of completion for each objective listed. Use two digits for the month and four digits for the year. **For example**, if the expected date of completion of a goal is October 2005, write "10" in the month column and "2005" in the year column. **If this objective was completed in a prior year of funding, report that date of completion.**
- To select the status of an objective for an existing goal, activate the drop-down menu by highlighting "Select One". A list of choices will appear below the box. Highlight your answer choice. Your selection will now appear in the box. The choices are as follows:
  - Not started
  - On schedule
  - Ahead of schedule
  - Behind schedule
  - Completed
  - Ongoing
  - Dropped
- If the objective was completed within the past year or a previous year of funding, you would highlight "Completed" in the status box. If you expect to complete the objective before the expected date of completion, you would highlight "Ahead of schedule" in the status box.

- Item G1a.** Check either the “Yes” or “No” box to indicate whether the goal was met. If the goal was not met, provide an explanation in Box “a”.
- Item G1b.** Check either the “Yes” or “N/A” box to indicate whether the goal was changed with RSA’s prior approval. If the goal was changed, provide an explanation in Box “b”. If this is not applicable, check the “N/A” box.
- Item G1c.** Check either the “Yes” or “No” box to indicate whether the goal was highly successful. If the goal was highly successful, you may provide a description in Box “c”, but it is not required. **For example:** The original objective was to conduct 100 outreach activities during the current reporting period. Because of the excellent involvement of the advisory committee, 163 outreach activities were completed that increased the number of applicants to the program and employer involvement.

## Section 5 - Consumers Served

In this section, you will report services you provided to consumers with your grant funds.

- Item 1.** Enter the **total** number of individuals you **proposed** to serve under an IPE during the current reporting period.
- Item 2a.** Enter the **actual** number of individuals who **received** services under an IPE during the current reporting period.
- Item 2b.** Of the number you reported in Question 2a, enter the number of these individuals who **received** services under an IPE **developed** in a **prior** reporting period.
- Item 2c.** Of the number you reported in question 2a, enter the number of individuals who **received** services under an IPE **developed** during **the current** reporting period.  
**NOTE:** The sum of 2b plus 2c should equal 2a.
- Item 3.** Enter the number of individuals **proposed** to receive services under an IPE in the **next** reporting period.
- Item 4.** Only answer this question if you served less than 80 percent of the number of consumers (individuals) you proposed to serve during the current reporting period. RSA is requiring this information in an effort to understand why projected goals were not met. To calculate your percentage, divide the answer given for Question 2a (in this section) by the answer given for Question 1. If the result is 80 percent or more, **do not** complete Question 4. If the result is 79 percent or less, explain the discrepancy. **For example**, if you proposed to serve 51 individuals and you actually served 45 individuals, then you served 88% of the proposed number and you **do not** need to enter anything in the box (Question 4). However, if you proposed to serve 51 individuals and actually

served 13 individuals, then you served 25% of the proposed number and you **do** need to provide an explanation for the discrepancy.

**Item 5.** Enter the total number of individuals under an IPE that you **proposed** to serve for the current year of your grant and for all previous years on the appropriate lines that correspond to the grant years. Then enter the total number of individuals under an IPE that you **actually** served for the current year of your grant and for all previous years on the appropriate lines that correspond to the grant years.

### **Section 6 - VR Services**

In this section, you will indicate the vocational rehabilitation (VR) services you provided, purchased, or otherwise procured to eligible consumers during the current reporting period. Check the first set of "Yes/ No" boxes to indicate whether you provided the service listed. If you answer "Yes", indicate in the following "Yes/No" boxes whether the service was paid for in full or in part with AIVRS funds.

### **Section 7 - Special Efforts**

Check the "Yes" or "No" box to indicate whether your project staff made any exceptional or special arrangements to otherwise procure or provide services to meet the unique needs of individuals served by the project. If you answer "Yes," provide a description of these efforts.

### **Section 8 - Performance Indicators**

Data in this section address the Government Performance and Results Act (GPRA) program indicators for the American Indian Vocational Rehabilitation Services Program and common measures established by OMB for Employment and Training Programs.

**Item 1.** Enter the total number of individuals enrolled in a **two-year** post-secondary education program.

**Item 2.** Enter the total number of individuals enrolled in a **four-year** post-secondary education program.

**Item 3.** Enter the total number of individuals enrolled in a training services program. This includes certificate programs that are typically one-year programs that do not involve any academic course work.

- Item 4.** Enter the appropriate number of eligible individuals who received any VR services under an IPE during the current reporting period. The VR services are described in Section 103 of the Rehabilitation Act.
- Item 5a.** Enter the number of eligible individuals who were closed after achieving an employment outcome during the current reporting period (Status 26).
- Item 5b.** Enter the number of individuals whose employment outcome results in earnings.
- Item 5c.** Enter the dollar amount that represents the average weekly earnings of the individuals whose employment outcome during the current reporting period resulted in earnings. Round to the nearest dollar.
- Item 5d.** Of the number you reported in Question 5a, enter the number of these individuals who had earnings at the time they **entered the AIVRS program**.
- Item 5e.** Enter the dollar amount that represents the average weekly earnings of the individuals that you reported in question 5d (individuals who had earnings at the time they entered the AIVRS program). Round to the nearest dollar.
- Item 6.** Enter the number of individuals who were closed from an IPE not having achieved an employment outcome in the current reporting period.
- Item 7.** Enter the number of individuals who achieved an employment outcome after receiving services under an IPE in any year and leaving the AIVRS program during the current reporting period. To calculate this percentage, divide the number you reported in Question 5a by the sum of Questions 5a and 6.

## Section 9 - Outcomes

In this section, you will report employment and educational outcomes.

### A. Employment Outcomes - Overview

- Check either the “Yes” or “No” box to indicate whether your project has job placement data for individuals who obtained and maintained employment for more than 90 days. If you answer “Yes,” fill out sections “A”, “B”, and “C” below. If you answer “No,” explain why you do not have these data.
- Enter the number of persons you **proposed** to place in employment (Box 1) and the **actual** number of persons placed in employment during the current reporting period (Box 2). Then enter the number proposed for the **next** reporting period (Box 3). **If you did not propose to place a certain number of individuals during the current reporting period, enter “N/A” (for not applicable) in Box 1.** These numbers should be based on your application and the total number of individuals reported should be an **unduplicated count** – an individual who maintained more than one competitive employment placement

during the current reporting period **should be counted only once**. The number you enter in Box 2 should match the number you reported in Section 8, question 5a.

Employment outcome means an individual:

- a) entered or retained full-time employment in the integrated labor market,
- b) entered or retained part-time employment in the integrated labor market,
- c) satisfied a vocational outcome of supported employment;
- d) satisfied a vocational outcome of self-employment, telecommuting, or business ownership.
- e) had another type of employment (e.g., subsistence activities, unpaid work on a family farm or business, employment in a nonintegrated site or for less than minimum wage).

### **B. Employment Outcomes - Details**

Report the number of persons placed into employment according to the type of employment listed in items 1 through 5. Report an **unduplicated count** (an individual who maintained more than one competitive employment placement during the current reporting period should be counted only once) of persons employed in each job category. **The total given for Questions 1–5 should equal the number reported in Section 9, Part A, Box 2.**

- Item 1.** Enter the number of individuals employed full-time (32 or more hours a week) in the integrated labor market.
- Item 2.** Enter the number of individuals employed part-time (31 or fewer hours a week) in the integrated labor market.
- Item 3.** Enter the number of individuals who satisfy a vocational outcome of supported employment.
- Item 4.** Enter the number of individuals satisfying a vocational outcome of self-employment, telecommuting, or business ownership.
- Item 5.** Enter the number of individuals placed into other employment outcomes such as subsistence activities, unpaid work on a family farm or business, employment in a non-integrated site or for less than minimum wage.
- Item 6.** Enter the total number of individuals who achieved an employment outcome.  
This number should equal the sum of questions 1-5.

### **C. Educational Outcomes**

- Item 1.** Of the individuals reported in Section 8, question 4, enter the number of those who obtained a GED.

- Item 2.** Of the individuals reported in Section 8, question 4, enter the number of those who obtained a post-secondary degree.
- Item 3.** Of the individuals reported in Section 8, question 4, enter the number of those who obtained a post-secondary certificate.
- Item 4.** Of the individuals reported in Section 8, question 4, enter the number of those who completed on-the-job training/apprenticeship.
- Item 5.** Of the individuals reported in Section 8, question 4, enter the number of those who completed any other type of job-related training. On the line below, describe the “other” type of job-related training provided.
- Item 6.** Enter the total number of individuals who achieved an intermediate educational goal. **This number should equal the sum of questions 1-5.**

### **Section 10 - Interaction with State VR Agency(ies)**

In this section, you will report your project’s collaboration with state vocational rehabilitation (VR) agency(ies) for the current reporting period.

- A. Under “Agency Name,” list the state VR agency(ies) you interacted with. Under “Types of Interactions,” describe or give examples of your interactions. Examples might include: *training/cross training; serving on the State Rehabilitation Council; working jointly with the same individual; referrals; or having a VR representative on the Advisory Board.*
- B. Under “Agency Name,” list the state VR agency(ies) you interacted with. Under “Concerns/Issues with Collaboration or Service Provision,” describe any issues with the agency(ies) that are barriers to collaboration and service provision. If you do not have any concerns/issues, enter the word “none.” Examples might include *lack of a cooperative agreement or non-representation on the advisory board.*
- C. Under “Agency Name,” list the state VR agency(ies) you interacted with. For each agency listed, select the appropriate number that indicates your level of satisfaction with your interactions with the agency(ies) using the 1 to 5 scale provided. (1 = very dissatisfied, 2 = somewhat dissatisfied, 3 = neutral, 4 = somewhat satisfied, 5 = very satisfied)

### **Section 11 - Evaluation**

In this section, you will report any project evaluation efforts conducted. At a minimum, report the specific evaluations described in your application.

- A. Briefly describe your internal efforts at evaluation (i.e., evaluations conducted by your staff) and outcomes for the current reporting period.

- B. Briefly describe any other independent or external (i.e., contracted evaluations) evaluation efforts and outcomes for the current reporting period. Enter “none” if none were conducted.
- C. Briefly describe the **most effective activities and services** you provided this reporting period to meet your project goals. Examples might include *native healing, advisory board activities, outreach, collaboration with a particular state rehabilitation counselor or administrator, or being involved with the one-stop program.*

## **Section 12 - Consumer Satisfaction**

In this section, you will report consumer satisfaction evaluation activities. This section refers to services to *consumers only*. **(This section is not required, unless you stated in your grant application that you would conduct consumer satisfaction activities.)**

- Check either the “Yes” or “No” box to indicate whether you stated in your application that you would conduct any consumer satisfaction activities during the current reporting period. If you answer “No”, skip to the next section.
- If you answered “Yes” to the previous question, check in either the “Yes” or “No” box to indicate whether or not you actually did conduct any consumer satisfaction activities during the current reporting period.
- If you answered “Yes,” to the previous question, describe the type(s) of consumer satisfaction activities your project conducted. If you answered “No” for the previous question, explain your answer below.

## **Section 13 - Success Story(ies) (OPTIONAL)**

Provide a narrative describing your most impressive success(es) for the current reporting period.

## **Section 14 - Comments (OPTIONAL)**

Add comments or clarifications regarding any section of the survey. Indicate the appropriate section and question number under discussion.

**For example:** General Information, Project Director: We had a change in directors mid-year because of a family illness.

## **APPENDIX C**

### **REGULATIONS**

## TITLE 34--EDUCATION

### CHAPTER III--OFFICE OF SPECIAL EDUCATION AND REHABILITATIVE SERVICES, DEPARTMENT OF EDUCATION

#### PART 371--VOCATIONAL REHABILITATION SERVICE PROJECTS FOR AMERICAN INDIANS WITH DISABILITIES

##### Subpart A--General

Sec.

- 371.1 What is the Vocational Rehabilitation Services Program for American Indians with Disabilities?
- 371.2 Who is eligible for assistance under this program?
- 371.3 What regulations apply to this program?
- 371.4 What definitions apply to this program?
- 371.5 What is the length of the project period under this program?

##### Subpart B--What Kinds of Activities Does the Department of Education Assist Under This Program?

- 371.10 What types of projects are authorized under this program?

##### Subpart C--How Does One Apply for a Grant?

- 371.20 What are the application procedures under this program?
- 371.21 What are the special application requirements related to the State plan Program?

##### Subpart D--How Does the Secretary Make a Grant?

- 371.31 How are grants awarded?

##### Subpart E--What Conditions Apply to a Grantee Under This Program?

- 371.40 What are the matching requirements?
- 371.41 What are allowable costs?
- 371.42 How are services to be administered under this program?
- 371.43 What other special conditions apply to this program?

Authority: 29 U.S.C. 711(c) and 750, unless otherwise noted.

Source: 46 FR 5423, Jan. 19, 1981, unless otherwise noted.

## Subpart A--General

### Sec. 371.1 What is the Vocational Rehabilitation Services Program for American Indians with Disabilities?

This program is designed to provide vocational rehabilitation services to American Indians with disabilities who reside on Federal or State reservations, consistent with their individual strengths, resources, priorities, concerns, abilities, capabilities, and informed choice so that they may prepare for and engage in gainful employment.

(Authority: Secs. 100(a)(2) and 130(a) of the Act; 29 U.S.C. 720(a)(2) and 750(a))  
[60 FR 58137, Nov. 24, 1995]

### Sec. 371.2 Who is eligible for assistance under this program?

Applications may be made only by the governing bodies of Indian tribes and consortia of those governing bodies located on Federal and State reservations.

(Authority: Sec. 130(a) of the Act; 29 U.S.C. 750(a))  
[46 FR 5423, Jan. 19, 1981, as amended at 52 FR 30555, Aug. 14, 1987]

### Sec. 371.3 What regulations apply to this program?

The following regulations apply to this program--

(a) 34 CFR part 369;

(b) The regulations in this part 371.

(Authority: Sec. 130 of the Act; 29 U.S.C. 750)

### Sec. 371.4 What definitions apply to this program?

(a) The definitions in 34 CFR part 369 apply to this program;

(b) The following definitions also apply specifically to this program--

American Indian means a person who is a member of an Indian tribe.

(Authority: Secs. 12(c) and 130 of the Act; 29 U.S.C. 711(c) and 750)

Consortium means two or more eligible governing bodies of Indian tribes that make application as a single applicant under an agreement whereby each governing body is legally responsible for carrying out all of the activities in the application.

(Authority: Secs. 12(c) and 130 of the Act; 29 U.S.C. 711(c) and 750)

Governing bodies of Indian tribes means those duly elected or appointed representatives of an Indian tribe or of an Alaskan native village. These representatives must have the authority to enter into contracts, agreements, and grants on behalf of their constituency.

(Authority: Secs. 12(c) and 130 of the Act; 29 U.S.C. 711(c) and 750)

Indian tribe means any Federal or State Indian band, rancheria, pueblo, colony, and community, including any Alaskan native village or regional village corporation (as defined in or established pursuant to the Alaska Native Claims Settlement Act).  
(Authority: Secs. 12(c) and 130 of the Act; 29 U.S.C. 711(c) and 750)

Reservation means a Federal or State Indian reservation, public domain Indian allotment, former Indian reservation in Oklahoma, and land held by incorporated Native groups, regional corporations and village corporations under the provisions of the Alaska Native Claims Settlement Act.  
(Authority: Secs. 12(c) and 130(c) of the Act; 29 U.S.C. 711(c) and 750(c))  
[46 FR 5423, Jan. 19, 1981, as amended at 52 FR 30555, Aug. 14, 1987; 59 FR 8338, Feb. 18, 1994]

Sec. 371.5 What is the length of the project period under this program?

- (a) The Secretary approves a project period of up to three years.
  - (b) The Secretary may extend a grant for up to two additional years if the grantee includes in its extension request--
    - (1) An assurance that the project is in compliance with all applicable program requirements; and
    - (2) Satisfactory evidence that--
      - (i) The project has made substantial and measurable progress in meeting the needs of American Indians with disabilities on the reservation or reservations it serves;
      - (ii) American Indians with disabilities who have received project services have achieved employment outcomes consistent with their strengths, resources, priorities, concerns, abilities, capabilities, and informed choice; and
      - (iii) There is a continuing need for the project.
- (Approved by the Office of Management and Budget under control number 1820-0018)  
(Authority: Section 130(b)(3) of the Act; 29 U.S.C. 750(b)(3))  
[60 FR 58137, Nov. 24, 1995]

Subpart B--What Kinds of Activities Does the Department of Education Assist Under This Program?

Sec. 371.10 What types of projects are authorized under this program?

The Vocational Rehabilitation Service Program for American Indians with Disabilities provides financial assistance for the establishment and operation of tribal vocational rehabilitation service programs for American Indians with disabilities who reside on Federal or State reservations.  
(Authority: Sec. 130(a) of the Act; 29 U.S.C. 750(a))  
[59 FR 8338, Feb. 18, 1994]

## Subpart C--How Does One Apply for a Grant?

### Sec. 371.20 What are the application procedures for this program?

In the development of an application, a governing body or consortium is required to consult with the designated State unit or the designated State units of the State or States in which vocational rehabilitation services are to be provided.

(Authority: Sec. 130(b) of the Act; 29 U.S.C. 750(b))

[46 FR 5423, Jan. 19, 1981, as amended at 52 FR 30555, Aug. 14, 1987]

### Sec. 371.21 What are the special application requirements related to the State plan program?

Each applicant under this program must provide evidence that--

(a) Effort will be made to provide a broad scope of vocational rehabilitation services in a manner and at a level of quality at least comparable to those services provided by the designated State unit under 34 CFR part 361.

(Authority: Sec. 12(c) of the Act; 29 U.S.C. 711(c))

(b) All decisions affecting eligibility for and the nature and scope of vocational rehabilitation services to be provided, and the provision of these services, will be made by the tribal vocational rehabilitation program through its vocational rehabilitation unit and will not be delegated to another agency or individual.

(Authority: Secs. 12(c) and 101(a) of the Act; 29 U.S.C. 711(c) and 721(a))

(c) Priority in the delivery of vocational rehabilitation service will be given to those American Indians with disabilities who are the most severely disabled.

(Authority: Secs. 12(c) and 101(a)(5) of the Act; 29 U.S.C. 711(c) and 721(a)(5))

(d) An order of selection of individuals with disabilities to be served under the program will be specified if services cannot be provided to all eligible American Indians with disabilities who apply.

(Authority: Secs. 12(c) and 101(a)(5) of the Act; 29 U.S.C. 711(c) and 721(a)(5))

(e) All vocational rehabilitation services will be provided according to an individualized written rehabilitation program which has been developed jointly by the representative of the service providing organization and each American Indian with disabilities being served.

(Authority: Secs. 12(c) and 101(a)(9) of the Act; 29 U.S.C. 711(c) and 721(a)(9))

(f) American Indians with disabilities living on Federal or State reservations where service programs are being carried out under this part will have an opportunity to participate in matters of general policy development and implementation affecting vocational rehabilitation service delivery on the reservation.

(Authority: Secs. 12(c) and 101(a)(18) of the Act; 29 U.S.C. 711(c) and 721(a)(18))

(g) Cooperative working arrangements will be developed with the designated State unit, or designated State units, as appropriate, which are providing vocational rehabilitation services to other individuals with disabilities who reside in the State or States being served.

(Authority: Secs. 12(c) and 101(a)(11) of the Act; 29 U.S.C. 711(c) and 721(a)(11))

(h) Any similar benefits available to American Indians with disabilities under any other program which might meet in whole or in part the cost of any vocational rehabilitation service will be fully considered in the provision of vocational rehabilitation services in accordance with 34 CFR part 361.

(Authority: Secs. 12(c) and 101(a)(8) of the Act; 29 U.S.C. 711(c) and 721(a)(8))

(i) Any American Indian with disabilities who is an applicant or recipient of services, and who is dissatisfied with a determination made by a counselor or coordinator under this program and files a request for a review, will be afforded a review under procedures developed by the grantee comparable to those under the provisions of section 102(d) (1)-(3) of the Act.

(Authority: Secs. 12(c) and 102(d) of the Act; 29 U.S.C. 711(c) and 722(d))

(j) Minimum standards will be established for community rehabilitation programs and providers of service which will be comparable to the standards set by the designated State unit or designated State units in the State or States in which the program is to be provided; and

(Authority: Secs. 12(c) and 101(a) (6) and (7) of the Act; 29 U.S.C. 711(c) and 721(a) (6) and (7))

(k) Maximum use will be made of public or other vocational or technical training facilities or other appropriate community resources.

(Authority: Secs. 12(c) and 101(a)(12) of the Act; 29 U.S.C. 711(c) and 721(a)(12))

[46 FR 5423, Jan. 19, 1981, as amended at 52 FR 30555, Aug. 14, 1987; 59 FR 8337, 8338, Feb. 18, 1994]

#### Subpart D--How Does the Secretary Make a Grant?

##### Sec. 371.31 How are grants awarded?

To the extent that funds have been appropriated under this program, the Secretary approves all applications which meet acceptable standards of program quality. If any application is not approved because of deficiencies in proposed program standards, the Secretary provides technical assistance to the applicant Indian tribe with respect to any areas of the proposal which were judged to be deficient.

(Authority: Secs. 12(c) and 130 of the Act; 29 U.S.C. 711(c) and 750)

#### Subpart E--What Conditions Apply to a Grantee Under This Program?

##### Sec. 371.40 What are the matching requirements?

(a) Federal share. Except as provided in paragraph (c) of this section, the Federal share may not be more than 90 percent of the total cost of the project.

(b) Non-Federal share. The non-Federal share of the cost of the project may be in cash or in kind, fairly valued.

(c) Waiver of non-Federal share. In order to carry out the purposes of the program, the Secretary may waive the non-Federal share requirement, in part or in whole, only if the applicant demonstrates that it does not have sufficient resources to contribute the non-Federal share of the cost of the project.

(Authority: Secs. 12(c) and 130(a) of the Act; 29 U.S.C. 711(c) and 750(a))

[52 FR 30556, Aug. 14, 1987]

Sec. 371.41 What are allowable costs?

(a) In addition to those allowable costs established in EDGAR Secs. 75.530-75.534, the following items are allowable costs under this program--

(1) Expenditures for the provision of vocational rehabilitation services and for the administration, including staff development, of a program of vocational rehabilitation services.

(2) Expenditures for services reflecting the cultural background of the American Indians being served, including treatment provided by native healing practitioners who are recognized as such by the tribal vocational rehabilitation program when the services are necessary to assist an individual with disabilities to achieve his or her vocational rehabilitation objective.

(b) Expenditures may not be made under this program to cover the costs of providing vocational rehabilitation services to individuals with disabilities not residing on Federal or State reservations.

(Authority: Secs. 12(c) and 130(a) of the Act; 29 U.S.C. 711(c) and 750(a))

[46 FR 5423, Jan. 19, 1981, as amended at 52 FR 30555, Aug. 14, 1987; 59 FR 8337, Feb. 18, 1994]

Sec. 371.42 How are services to be administered under this program?

(a) Directly or by contract. A grantee under this part may provide the vocational rehabilitation services directly or it may contract or otherwise enter into an agreement with a designated State unit, a community rehabilitation program, or another agency to assist in the implementation of the vocational rehabilitation service program for American Indians with disabilities.

(b) Inter-tribal agreement. A grantee under this part may enter into an inter-tribal arrangement with governing bodies of other Indian tribes for carrying out a project that serves more than one Indian tribe.

(c) Comparable service program. To the maximum extent feasible, services provided by a grantee under this part must be comparable to rehabilitation service provided under this title to other individuals with disabilities residing in the State.

(Authority: Secs. 12(c) and 130 of the Act; 29 U.S.C. 711(c) and 750)

[52 FR 30556, Aug. 14, 1987, as amended at 59 FR 8337, 8338, Feb. 18, 1994]

Sec. 371.43 What other special conditions apply to this program?

(a) Any American Indian with disabilities who is eligible for service under this program but who wishes to be provided service by the designated State unit must be referred to the State unit for such services.

(b) Preference in employment in connection with the provision of vocational rehabilitation services under this section must be given to American Indians, with a special priority being given to American Indians with disabilities.

(c) The provisions of sections 5, 6, 7, and 102(a) of the Indian Self-Determination and Education Assistance Act also apply under this program. These provisions relate to grant reporting and audit requirements, maintenance of records, access to records, availability of required reports and information to Indian people served or represented,

repayment of unexpended Federal funds, criminal activities involving grants, penalties, wage and labor standards, preference requirements for American Indians in the conduct and administration of the grant, and requirements affecting requests of tribal organizations to enter into contracts. For purposes of applying these requirements to this program, the Secretary carries out those responsibilities assigned to the Secretary of Interior.

(Authority: Secs. 12(c) and 130(b)(2) of the Act; 29 U.S.C. 711(c) and 750(b)(2))

[46 FR 5423, Jan. 19, 1981, as amended at 52 FR 30555, Aug. 14, 1987; 59 FR 8337, Feb. 18, 1994]